Appendix C

2006 ANNUAL FACILITY REPORT FILING DATE EXTENSION REQUEST

I request a filing date extension for the 2006 Annual Facility Report for the following facility:

EPA ID			_ _	_ _ _	_	
Site Name:						
Site Locatio	n Address:					
City:		State:	Zip: _			
Contact Nar	me:					
Email Addre	ess:					
Contact Title	e:					
Phone Num	Phone Number of Contact: Ext.:					
REASON FO	OR EXTENSION	N:				
Return to:		/aste Managemei	_		Date	
	Department of Toxic Substances Control Attn: Annual Facility Report Staff 1001 I St, 11th Floor P.O. Box 806 Sacramento, California 95812-0806					

or FAX to: **(916) 322-1005**

Appendix D

2006 ANNUAL FACILITY WASTE REPORT EXEMPTION REQUEST

EPA ID		_			
Contact N	ntact Name: Phone:				
Facility/Ge	enerator Name:		_		
Mailing Ad	ddress:				
Mailing Ci	ity:	State:	Zip:		
E-Mail Ad	dress:				
	2006 ANNUAL FACILITY	REPORTING REQ	UIREMENTS:		
The company must be a company that treated, stored, or disposed of RCRA/non-RCRA hazardous wastes in 2006.					
If your fac	uired to file the 2006 Ann cility does not meet the above deport for 2006. Please complet	criteria, you are not	required to file an Annual		
•	tion Address:				
City:		State:Zip:			
Reason F	or Exemption:				
	I am not a permitted TSDF – AND – I did not treat, store, or dispose of any RCRA/non-RCRA hazardous waste in 2006.				
Return to:	Hazardous Waste Manage Department of Toxic Subs Attn: Annual Facility Rep 1001 I St, 11th Floor P.O. Box 806 Sacramento, California 95	stances Control ort Staff			

or FAX to: **(916) 322-1005**